

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

APPLICANT(S)

FILING DATE

10782894

02-23-04

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3		1				
4		1				
5		2				
6		2				
7		2				
8		2				
9		2				
10		2				
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27		2				
28	1					
29		1				
30	1					
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49						
50						
TOTAL IND.	7					
TOTAL DEP.	51					
TOTAL CLAIMS	58					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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TOTAL DEP.						
TOTAL CLAIMS						